## Application Data Sheet

## Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: A DRIVE DEVICE FOR MACHINE

TOOLS

Attorney Docket Number:: 0513-1071

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: PIERRE

Middle Name::

Family Name:: CASANOVA
City of Residence:: MONTARGIS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 14 RUE DUCHESNE RABIER

City of Mailing Address:: MONTARGIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 45200

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: PIERRE

Middle Name::

Family Name:: VASLIER

City of Residence:: LADON

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 220 RUE DES BOUTONS D'OR

City of Mailing Address:: LADON

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Co	de of Mailing Ado	dress:: 45270			
Applicant Authority Type::		Inventor			
Primary Citizenship Country::		FRANCE			
Status::		Full Capacity			
Given Name::		JEAN-BERNARD			
Middle Name::					
Family Name::		TETART			
City of Residence::		ETIOLLES			
State or Provinc	e of				
Residence::					
Country of Residence::		FRANCE			
Street of Mailing Address:: 2 SQUARE CHARLES GOUNOD					
City of Mailing	Address::	ETIOLLES			
State or Province of Mailing Address::					
Country of Mailing Address:: FRANCE					
Postal or Zip Code of Mailing Address:: 91450					
Correspondence I	nformation				
Correspondence Customer 000466					
Number::					
Representative Information					
Representative Customer		000466			
Number::					
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Domestic Priorit		I Daniel I	D D'I'		
Application::	Continuity	Parent	Parent Filing		
	Type::	Application::	Date::		
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## Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	0209814	8/1/02	Yes

## Assignment Information

Assignee Name::

REDEX

Street of Mailing Address:: Zone Industrielle

City of Mailing Address:: FERRIERES

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address:: 45210